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## Pleiotropic Analysis of Lung Cancer and Blood Triglycerides

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## **Pleiotropic analysis of lung cancer and blood triglycerides identifies a shared genetic locus**

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**Epidemiologically-related traits may share genetic risk factors and pleiotropic analysis could identify individual loci associated with these traits. Because of their shared epidemiological associations, we conducted pleiotropic analysis of genome-wide association studies of lung cancer (12,160 lung cancer cases and 16,838 controls) and cardiovascular disease risk factors (blood lipids from 188,577 subjects, type 2 diabetes from 148,821 subjects, body mass index from 123,865 subjects, and smoking phenotypes from 74,053 subjects). We found that 6p22.1 (rs6904596, *ZNF184*) was associated with both lung cancer ( $P=5.5\times 10^{-6}$ ) and blood triglycerides ( $P=1.39\times 10^{-5}$ ). We replicated the association in 6,097 lung cancer cases and 204,657 controls ( $P=2.4\times 10^{-4}$ ) and in 71,113 subjects with triglycerides data ( $P=0.011$ ). rs6904596 reached genome-wide significance in lung cancer meta-analysis (odds ratio=1.15,  $P_{\text{combined}}=5.2\times 10^{-9}$ ). The large sample size provided by the lipid GWAS data and the shared genetic risk factors between the two traits contributed to the uncovering of a hitherto unidentified genetic locus for lung cancer.**

Genetic heritability of lung cancer is estimated to be 14% [1], but only a few genetic risk loci have been identified to date in genome-wide association studies (GWAS) of lung cancer in Europeans [2]. Epidemiological studies have shown associations between lung cancer and cardiovascular disease (CVD) risk factors related to the metabolic syndrome [3,4]. There is also substantial evidence that lipid metabolism and innate immunity evolved from common pathways and consequently genes that influence lipid traits may also influence inflammation and subsequent cancer development [5-7]. Lung cancer is also well-known to be strongly associated with

tobacco smoking. Predicated on the hypothesis that investigating shared genetic risk factors across these traits could enhance the possibility to identify new genetic loci for lung cancer, we used quantile-quantile (Q-Q) plots [8] (Online Methods) to assess potential polygenic enrichment of SNPs associated with lung cancer given association with each CVD risk factor or smoking phenotypes (**Figure 1 and Supplementary Figure 1**).

The analysis was based on the TRICL consortium meta-analysis of lung cancer GWAS, including 12,160 lung cancer cases and 16,838 controls [2] (**Supplementary Table 1**); the meta-analysis data of blood lipids from the Global Lipids Genetics Consortium (GLGC, including genetic association with triglycerides (TG), and high and low density lipoproteins-cholesterol (HDL-C and LDL-C)) from 188,577 subjects [9], of Type 2 diabetes (T2D) from 148,821 subjects [10] and of body mass index (BMI) from 123,865 subjects [11] ; and the meta-analysis of cigarettes per day (CPD) and never vs. ever smoking data from the Tobacco, Alcohol and Genetics (TAG) consortium, including 74,053 subjects (**Supplementary Table 2**). The **Supplementary Materials** (available online) contain additional details on the contributing studies, statistical analyses and functional tests.

The Q-Q plots show enrichment between lung cancer and LDL-C and between lung cancer and TG blood lipid traits across multiple  $p$ -value thresholds up to  $10^{-5}$  (**Figure 1A-B**) verified by an adaptive permutation procedure (**Supplementary Table 3**). In contrast, we observed no significant enrichment ( $P < 0.001$ ) between lung cancer and HDL, BMI, T2D or smoking phenotypes (the analysis of smoking excluded the SNP markers mapping to chr15:78,686,690-79,231,478, which are known to be associated with lung cancer and smoking [12-13] (**Supplementary Table 3**,

**Supplementary Figure 1).** Thus we excluded these traits from further analysis.

Cross-phenotype associated loci between lung cancer and TG and between lung cancer and LDL-C were assessed by conjunction false discovery rate (FDR) [8] (**Supplementary Materials**). Because controlling FDR is heavily affected by the number of identified SNPs, we pruned SNPs in linkage disequilibrium (LD) ( $r^2 > 0.8$ ) and excluded the major histocompatibility complex (MHC) (genomic position (hg 19): chr6:29,528,318-33,373,649 [14]), which harbors established lung cancer susceptibility SNPs and is known for long range LD. By controlling conjunction FDR, we identified one genetic locus at 6p22.1, rs6904596, A>G, Minor Allele Frequency in Caucasians=0.094, associated with both lung cancer and blood triglycerides (conjunction FDR=0.0124;  $P=5.5 \times 10^{-6}$  for lung cancer;  $P=1.39 \times 10^{-5}$  for TG (This locus and additional genetic loci shared between lung cancer and lipid traits are shown in **Supplementary Table 4** and **Supplementary Figures 2-6**). This locus remained significant also using different thresholds for pruning SNPs in LD (**Supplementary Table 5**).

We tested this SNP for replication in 6,097 lung cancer cases and 204,657 controls from deCODE, Harvard, Holland and Spain (**Supplementary Table 6**). This locus was replicated ( $P_{\text{replication}}=2.4 \times 10^{-4}$ ) and attained genome-wide significance for lung cancer risk in the meta-analysis of discovery and replication data (two-sided  $P_{\text{combined}}=5.2 \times 10^{-9}$ ,  $P_{\text{heterogeneity}}=0.91$ , **Table 1**). This SNP was also replicated in the association with TG in 71,113 independent samples from deCODE and Holland (two-sided  $P=0.011$ ,  $P_{\text{combined}}=1.34 \times 10^{-6}$ , **Table 1**).

The SNP association with lung cancer was mostly driven by the squamous cell carcinoma subtype ( $P=2.8 \times 10^{-5}$ ) and not adenocarcinoma ( $P=0.06$ , **Supplementary**

**Table 7).**

rs6904596 localizes to 6p22.1 (27,491,299 bp; hg19) and lies 50kb 5' of Zinc Finger Protein 184 (ZNF184). It shows expression-QTL in lung tissue [15] with HLA-DRB3 ( $\beta=-6.79$ ,  $P=1.10 \times 10^{-11}$ ). Additionally, rs7749305, located on chr6:[27,446,566](#) ( $r^2=1$  with rs6904596 in HapMap 3 of Caucasian populations), shows suggestive regulatory functions. This SNP showed the strongest association with lung cancer, but was not genotyped in the Global Lipid Consortium GWAS. It lies within a DNaseI hypersensitive region in small airway epithelial cells (SAEC) and A549 adenocarcinoma cells (ENCODE) and lies in a region hypomethylated in primary Alveolar Epithelial Cells (AEC) from our laboratory (**Supplementary Figure 7**). rs7749305 alternate allele C appears to create ATF3 and HIF1A binding sites. Similar findings are evident in adipocytes (ENCODE), extending the pleiotropic association between lung cancer and lipid traits to their function in respective tissue types.

Our study emphasizes that pleiotropic analysis of GWAS data of epidemiologically-related traits can uncover hitherto unidentified genetic associations. Moreover, some GWAS of quantitative traits may be much larger than disease specific GWAS (like in the case of CVD risk factors vs. lung cancer), and thus may improve the likelihood to identify new loci for the disease with the smaller sample size.

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**Table 1. Association of rs6904596 at 6p22.1 with both lung cancer risk and blood triglycerides' levels**

<b>Study</b>	<b>Lung cancer Cases/ Controls</b>	<b>OR</b>	<b>95% CI</b>	<b>P-value</b>		<b>Study</b>	<b>Triglycerides Individuals</b>	<b><math>\beta</math></b>	<b>95% CI</b>	<b>P-value</b>
TRICL	12160/16838	1.15	(1.08,1.21)	$5.50 \times 10^{-6}$		GLGC	188577	0.0244	(0.013,0.035)	$1.39 \times 10^{-5}$
Replication	6097/204657	1.16	(1.07,1.25)	$2.4 \times 10^{-4}$		Replication	71113	0.0290	(0.006,0.051)	$1.14 \times 10^{-2}$
deCODE	3865/196658	1.17	(1.06,1.30)	$3.05 \times 10^{-3}$		deCODE	66027	0.0200	(-0.004,0.044)	0.10
Harvard	984/ 970	1.18	(0.93,1.50)	0.171		Holland	5086	0.0891	(0.027,0.151)	$5.12 \times 10^{-3}$
Holland	687/ 5158	1.15	(0.96,1.37)	0.119						
Spain	561/ 1871	1.10	(0.88,1.37)	0.40		Combined	259690	0.0253	(0.015,0.035)	$1.34 \times 10^{-6}$
Combined P <sub>Q</sub> - heterogeneity*	18257/ 221495	1.15	(1.10,1.21)	$5.2 \times 10^{-9}$ 0.92						0.23

\* Heterogeneity of effect size across studies was evaluated using the Cochran's Q statistic

## Figure legends

### Figure 1. Conditional Q-Q plots: LuCa | CVD factors (TG and LDL-C).

‘Conditional Q-Q plot’ of theoretical vs empirical  $-\log_{10} p$ -values (corrected for genomic control  $\lambda$ ) in lung cancer (LuCa) below the standard GWAS threshold of  $-\log_{10} p$ -values equal to 7.3 (equals  $p$ -values above  $5 \times 10^{-8}$ ) as a function of significance of association with (A) triglycerides (TG) and (B) low-density lipoprotein (LDL-C) at the level of  $p < 1$ ,  $p < 0.1$ ,  $p < 0.01$ ,  $p < 0.001$ ,  $p < 0.0001$ ,  $p < 0.00001$  respectively. Dotted lines indicate the theoretical line in case of no association.